

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

STATE OF NEW MEXICO	
MINERALS DEPARTMENT	
APPROPRIATE RECEIVER	
DISTRIBUTION	
STATE	
FILE	
DATE	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	
Operator	

LOBO PRODUCTION, (R.E. Lauritsen & Gary Roberts, Partners)

Address

3005 Northridge, Suite I, Farmington, New Mexico 87401 P.O. Box 2364

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Mesa Kirtland-11	#1	Cha Cha Gallup	State, Federal or Fee Fee	
Location				
Unit Letter	C	1850	Feet From The West	Line and 1190
Line of Section		11	Township	29N
Range		15 W	, NMPM, San Juan	
County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Giant Industries	P.O. Box 256, Farmington Hwy, Bloomfield, New Mex	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Vented IGC		
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	C	11
	29N	15W
	Is gas actually connected? When	
	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
	X		X				X	
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
10-13-82	12-11-82		5173.9' KB (5164 Gr.)			5140' KB		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
5157.0 Gr. (5169 RKB)	Gallup		4281'			4373' KB		
Perforations						Depth Casing Shoe		
4281-4466						5126-5022		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	2 3/8"	4373' KB	
12 1/4"	8 5/8" 24#	240'KB	475 sks.
7 7/8"	5 1/2" 15.50#	5173.9 KB(5164 Gr)	248 sks.
			265 sks & 50 sks

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

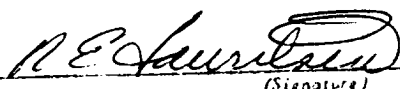
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
12-3-82	12-14-24	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hrs.	50	50	Open
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	56	1	40

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Operator

(Title)

(Date)

OIL CONSERVATION DIVISION FEB 18 1983

APPROVED _____, 19__

BY Original Signed by FRANK T. TRAVEZ

TITLE SUPERVISOR DISTRICT # 2

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each pool in multiply completed wells.